

CALIFORNIA MEDICAL ASSOCIATION

E. VINCENT ASKEY, M.D.....	President	EDWIN L. BRUCK, M.D.....	Council Chairman
R. STANLEY KNEESHAW.....	President-Elect	L. HENRY GARLAND, M.D.....	Secretary-Treasurer
LEWIS A. ALESEN, M.D.....	Speaker	SIDNEY J. SHIPMAN, M.D.....	Chairman, Executive Committee
DONALD A. CHARNOCK, M.D.....	Vice-Speaker	DWIGHT L. WILBUR, M.D.....	Editor
JOHN HUNTON, Executive Secretary.....		General Office, 450 Sutter Street, San Francisco 8	
ED CLANCY, Field Secretary.....		Southern California Office, 417 South Hill Street, Los Angeles 13	

NOTICES AND REPORTS

The A.M.A. Plan of Campaign Against Compulsory Health Insurance

STRATEGY AND POLICIES

Presented by Clem Whitaker and Leone Baxter, Directors of the National Education Campaign of the American Medical Association, for the Conference of State Medical Societies, Chicago, February 12, 1949.

CLEM WHITAKER: American medicine, in its campaign against compulsory health insurance, cannot afford to fight alone.

This must be a campaign to arouse and alert the American people in every walk of life, until it generates a great public crusade and a fundamental fight for freedom.

We must make every American know that medicine is not simply fighting for self-interest, but is actually fighting to avert the creeping paralysis of bureaucratic regimentation of the people's lives.

We need the help of every American who honestly believes in the American way of life—and our campaign must be geared to that help.

Any other plan of action, in view of the drift toward socialization and despotism all over the world, would invite disaster.

Doctors don't need to stand alone in this battle. They must not stand alone. And it's our job to see that they don't stand alone.

That's the reason that the American Medical Association, in establishing its National Education Campaign, has set as one of its major objectives—the mobilization of other great national organizations representing other professions, trades and businesses; civic and fraternal, religious and patriotic groups; women's clubs, farm and veterans' organizations and every other association which is willing to make common cause with medicine in this battle.

That's one of the top priority jobs we are going to be organizing and directing from the national campaign headquarters. But the success of that drive, in the final analysis, will depend on whether it reaches below the national level—down to the

grass roots, in every state and county and city in America.

Let's set the record straight, too, on the subject of lobbying—and the smear attack that has been launched against the A.M.A. in that connection.

The charge has been made by the advocates of compulsory health insurance that the American Medical Association plans to invade Washington with a high-powered lobby and a \$3,000,000 "slush fund" in an effort to block passage of the legislation in Congress.

That charge is absolutely false—and every state and county medical society, and every doctor who values the good name of medicine, should see to it that this smear attack is branded as false in every community in America.

The Washington office of the A.M.A. is one of the most modest legislative offices maintained by any of the national associations in the capital—and is staffed by men of unquestioned integrity who are highly respected in Congress.

The American Medical Association isn't embarking on any high-pressure lobbying campaign in Washington, nor is there any "slush fund." The socializers in the Office of Social Security, who have used their government facilities and government funds to lobby Congress, are simply sending up a smoke-screen against A.M.A. as a cover for their own highly questionable operations, and the people need to be told that.

The A.M.A., in its campaign, is carrying its case to the people of America in a grass roots crusade which we hope, with your help, and the help of tens of thousands of others, will reach every corner of this country.

One of the greatest rights which we have as a free people is the right of petition—and we intend to exercise that right, even though Oscar Ewing and his socializing satellites will do everything in their power to keep us from getting our story to the people. If that is lobbying, it is lobbying in the finest American tradition. The American people, not Congress, will decide this issue in the final showdown, and Mr. Ewing knows that. That's why he fears the National Education Campaign which the A.M.A. has authorized—and that's why he will do his utmost to discredit and block us.

There's another important financial policy with regard to this campaign which you should know, too—and which should be made known to every state and county medical society, as it will help to keep the record straight and let doctors know how their funds are being handled.

That policy is this:

Every dollar expended by the national campaign office will be reported in a check-by-check accounting to A.M.A. And our financial reports will be available for government inspection at any time!

That is the complete answer to the insinuations and criticisms of medicine's enemies, or political demagogues who hope to make a whipping boy of the medical profession.

TWO MAJOR OBJECTIVES

Let's consider some of the other basic policies of the campaign.

The Coordinating Committee, in approving a broad, public campaign, beamed directly to the people, rather than just to Congress, established two major objectives:

The immediate objective is the defeat of the compulsory health insurance program in Congress—and there is great urgency in that phase of the problem. The first showdown battles on compulsory health insurance may come within the next 60 or 90 days. We can't afford to be lulled into over-confidence by reports out of Washington that no serious effort will be made to push through the program at this session of Congress. That may be propaganda emanating directly from the camp of our opponents.

The long-term objective is to put a permanent stop to the agitation for compulsory health insurance—and the most vital step in achieving that objective will be an all-out campaign to enroll the American people in voluntary health insurance systems. The A.M.A.'s Coordinating Committee has authorized and directed us to conduct a nation-wide educational drive to make America health-insurance conscious—and to work with the prepaid hospital plans, the prepaid medical plans, the accident and health insurance companies and all other sound groups in the voluntary field to achieve this objective.

This is an affirmative campaign, not just a negative campaign—and I think we need to hammer home that basic point in every public appearance.

We're not just working to beat a bill. We're going to work together to resolve a problem. We're

going to do something about taking the economic shock out of illness!

That's the kind of program your A.M.A. is backing—and that's the only kind of program that will eventually and finally lay the ghost of compulsory health insurance in this country.

We have already held preliminary meetings with representatives of the medical care plans and the private insurance companies to pledge them A.M.A.'s vigorous assistance in promoting voluntary health insurance—and to enlist their aid, if possible, in stepped-up selling and advertising campaigns.

I believe there are representatives in attendance here today from the medical and hospital plans and the health and accident underwriters.

In the presence of the Board of Trustees and the Coordinating Committee of the American Medical Association, I want to make this unqualified statement concerning the A.M.A.'s National Education Campaign:

The accent in this campaign is going to be on the positive. We are going to do everything in our power to acquaint the American people with the desirability and the availability of prepaid, budget-basis medical care. We believe in voluntary health insurance, not just as a political expedient, but as a sound development in medical economics. We want everybody in the health insurance field to sell insurance during the next two years as he has never sold it before—knowing that he has the prestige of the American Medical Association, and all its power and facilities, squarely behind him. And we are going to ask the doctors, when they are talking to patients who are in need of budget-basis medicine, to take time to encourage them to enroll in a good, sound voluntary health system.

That's a fundamental part of the A.M.A. program—and I hope every representative of a state society in this room will take that message home with him.

FACTS AGAINST ARTIFICE

We have an inspiring case to present in our affirmative campaign.

More than 52 million Americans already have decided that the voluntary way is the American way to cope with this problem—and have enrolled in voluntary health insurance systems.

The tremendous growth of the voluntary systems has come in a very short span of years—and has been one of the most spectacular economic developments in our time.

If there was even half the demand for compulsory health insurance in this country that exists for voluntary health insurance, Oscar Ewing and the socializers would be on the road to victory and nothing could stop them.

But the major demand for compulsory health insurance in the United States is an artificial, trumped-up demand, generated by social bureaucrats. They are leaning heavily on the false lure of something-for-nothing, and the people's fear of the cost of unexpected illness, in a desperate drive to

drum up public favor for their political patent medicine.

On the other hand, American medicine and the voluntary health insurance systems already are near the half-way mark in the campaign to provide prepaid, budget-basis medicine for the American people within the normal framework of our free enterprise system.

The job is half done, but it is of urgent importance that it be completed. Every American who needs prepaid medical and hospital care should know that it is available to him. We need to take health insurance out of the luxury category—and let the people know that it can be bought economically and should be included as a necessity in the home budget, just as food and shelter and life insurance are budgeted.

The finest antidote for compulsory health insurance is voluntary health insurance—and the agitation for socialization of the medical profession will come to a halt when the majority of the people have been provided with the remedy.

That's the way we can accomplish our long-term objective—and every state and county medical society in the United States ought to become a strong ally of the insurance industry and the prepayment systems, and work with them until the final objective is achieved.

Now let's take a good, hard look at our immediate objective—the defeat of the compulsory health insurance program in Congress.

The time schedule of the opening battle in Congress we can't determine. Our opponents have that advantage—and our only safe course, regardless of the conflicting and confusing reports which will emanate from Washington, is to mobilize for all-out action now and be ready whenever the attack comes.

Our own militancy and our own readiness for a showdown may make the socializers hesitate to force the issue at this session of Congress—and may give us badly-needed time to get our long-range campaign under full steam. But we can't have any assurance of that desired development.

The fate of other bitterly controversial issues now pending in Congress may be a decisive factor in determining the tactics of our opponents. If other legislative proposals in the controlled-economy program of the Truman administration should be jammed through this Congress fairly early, we would be in real danger that the steam-roller would keep right on rolling—and in that event medicine might be engaged in a bitter battle for survival before the end of this session.

On the other hand, if Congress becomes embroiled in heated and long-drawn controversy on other issues which are ahead of compulsory health insurance on the agenda, we may have a breathing spell. Or we may find Oscar Ewing proposing a watered-down bill, hoping to disarm us with apparent moderation and get half a loaf this session with the full expectation that he will be able to get over the rest of his program later.

We can't call the shots on just how or when the

battle will be joined, but we can and must get American medicine off the defensive and into an affirmative, offensive position. That's an immediate and vital necessity.

TRUTHFUL, HARD-HITTING CAMPAIGN

We have emphasized that this is going to be a sound, constructive campaign.

But let me underscore this statement:

This isn't going to be any panty-waist campaign!

The A.M.A. is going to wage a truthful, hard-hitting campaign, in language that the American people understand.

The critics of the medical profession have had their field day—and they'll continue to have it until American medicine strikes back and strikes hard.

There are going to be no punches pulled in our national publicity campaign—and we want you to know that.

We're going to attack—and attack—and attack—until the truth about the vicious consequences of political medicine are known throughout this country.

We're going to put the foes of American medicine on trial before the bar of public opinion in this nation—and let the people decide for themselves whether they want men of medicine, or medicine men, in charge of the health of their families.

We're going to expose the shameful misrepresentation, the juggled facts and garbled statistics, the phony draft rejection figures and the deliberate attempt of Patent Medicine Man Oscar Ewing to hide from the people the true cost and the social consequences of the scheme of socialized medicine which he is proposing.

That's one of the jobs we have at the head of the list in national headquarters—and we hope that all of you, in your home states, will duplicate it.

If we're going to turn the tables on the socializers, and get the medical profession into an affirmative position, there's another immediate job to be done. That's the job of mobilizing organization support for medicine's cause in agriculture, business, in industry, in the veterans' organizations, in the women's clubs, in churches and lodges—and in all the thousands of organizations which make up a cross-section of America.

The fastest way to make our influence felt in Washington is to marshal a powerful array of nation-wide organizations, representing great groups of American citizens, in opposition to compulsory health insurance.

That job is the direct responsibility of our national headquarters and the drive for specific action by hundreds of national organizations, trades and professions already has started. But we'll need lots of help from all of you in making this phase of the campaign successful.

In moving for important endorsements of medicine's position, medical leaders who have the contacts often will be called on to help open the door or close the sale.

From these major endorsements will stem much of our publicity in the early days of the campaign,

designed to broaden the campaign into a great public crusade. We need allies, strong allies, whom we can convince that this is their battle just as much as ours. We need the use of their mailing facilities, space in their newsletters, house organs and magazines. We need letters and phone calls and telegrams from their members, flowing to their congressmen.

All of this requires manpower. Our small professional staff can't possibly do all the work, but we believe that we can find doctors and others who will do it. Mainly, this is the same task which confronts a military organization. The troops fight the battle, but they first have to be properly mobilized, trained and directed.

STATE AND COUNTY ACTION NEEDED

In every state and in every county there should be similar organization drives—for action by state and local organizations which help to mould public opinion. We need the impact of their support on your congressmen—and your United States senators. We want them to hear from the organizations at home, so that they know how their own constituents feel on this issue.

One of the objectives of the national headquarters will be to provide you with all the materials of war—and to lighten the financial load on the state and county societies. We will attempt to provide you with pamphlets and posters, form speeches, cartoons, mats and other supplies in any quantity you can put to good use. We hope the only limit that will be placed on the materials available to you will be the limit of your ability to get them into the hands of voters in your home states and communities.

The question has been asked whether the A.M.A. will also allocate funds to the states to help in distributing costs, or for other purposes. The answer to that question is "No," for reasons which probably require no explanation.

I want to touch briefly on another probable development in the national campaign which is still in the evolutionary process, but which you will hear about in more detail within the near future.

We have recommended that a national committee of leading citizens in all walks of life be established as auspex for an important part of the work in this campaign—a committee which we will help to organize, but which will also draw strength from many other sources.

This organization will be called the American Committee for Health Security.

Under the committee's name, on one side of the letterhead, will be the slogan: "For Voluntary Health Insurance; Against Compulsion!" On the other side, balancing this, will be a second slogan: "The Voluntary Way Is the American Way."

Some of the great, outstanding leaders of America have agreed to serve as members of this national lay committee—and we believe it will broaden our front and create a rallying place for thousands of

people who have no direct connection with medicine, but who have a healthy interest in the welfare of America.

When the time comes for perfecting that organization, we may ask each of you to help recruit some of the outstanding lay leaders in your state for that committee.

PRACTICING PHYSICIANS MUST HELP

Now let's return to the most important man in this campaign—the practicing physician!

The 150,000 members of the American Medical Association must be the front line troops in this battle.

The A.M.A. and the state and county medical societies can't win this fight, but their members can.

A doctor can talk to his patients on this issue and get their earnest attention, because this is an issue that involves their health and their relationship with the doctor.

Our greatest need—and this is the most important job you will have—is to get the word to every doctor that this is an emergency, that his help is needed, and that his right to continue in private practice may depend on how he measures up to the challenge.

We need every doctor on fire on this issue . . . taking time out to talk to every leader he knows in the community, urging them to write their congressmen, stirring his patients and friends into action.

A doctor knows that political medicine is bad medicine—that it means hit-or-miss diagnosis and superficial treatment of symptoms. He knows that personal interest in the welfare of the patient suffers when assembly-line medical practice takes over. And he knows that the quality of medical care steadily deteriorates when doctors succeed or fail on the basis of political preferment, or on the number of cases they can rush through their offices in a crowded day.

No one can talk to a patient on that subject with the eloquence of his family doctor—and we simply must have that doctor at work, if this battle is to be won.

Doctors know, too, if they are familiar with what's happened in other countries, that invasion of the individual's privacy is one of the most objectionable features of compulsory health insurance. They know that the sanctity of the physician-patient relationship goes out the window when government medicine comes in.

That's a subject on which a doctor can talk convincingly—and our campaign pamphlets will provide corroborative material on that personal, compelling issue.

People talk to doctors about their financial troubles as well as their physical ills—and they'll listen to the doctor if he tells them that compulsory health insurance isn't free—that, instead, it will mean a 6 or 8 per cent payroll tax on every dollar they earn.

That's the kind of missionary work that will win this campaign—and that, more than all else, will give us a real grass roots campaign.

How the Doctor's \$25 Will Be Spent

LEONE BAXTER: Every minister preaches from a text—and every campaign, if it is a successful campaign, has to have a theme.

The theme, if it is geared to reach more than 100 million people, as we must in this campaign, should have simplicity and clarity.

Most of all, it must high-point the major issues of the campaign with great brevity—in language that paints a picture understandable to people in all circumstances.

EVERY DOCTOR A CAMPAIGNER

That's one of the reasons we have a large, blown-up color reproduction of the famous Fildes painting, "The Doctor," on exhibit here today, with the simple caption under it: "KEEP POLITICS OUT OF THIS PICTURE!"

The picture and the caption, even without elaboration, focus attention on one of the most important arguments against government-controlled medicine.

Smaller color reproductions of this famous painting soon will go up in doctors' offices all over America as one of the first steps in dramatizing our case to the American people—and, more important—as the first step in making doctors campaigners in their own behalf. For this purpose we have added a hundred words of text which help to establish the theme of this campaign.

I'm going to read you that text, because it stresses, in simple language, the essential points of the case which we believe will turn the tide against compulsion and in favor of voluntary health insurance.

The text is as follows:

KEEP POLITICS OUT OF THIS PICTURE!

When the life—or health—of a loved one is at stake, hope lies in the devoted service of your doctor.

Would you change this picture?

Compulsory health insurance is political medicine.

It would bring a third party—a politician—between you and your doctor. It would bind up your family's health in red tape. It would result in heavy payroll taxes—and inferior medical care for you and your family. Don't let that happen here!

You have a right to prepaid medical care—of your own choice. Ask your doctor, or your insurance man, about budget-basis health protection.

This is signed: American Medical Association.

These smaller posters will be sent under the signature of the A.M.A. to show medical men throughout the country that the Association is resolutely behind the national campaign. They will be sent to doctors only at their own request. Return postal cards will be in the mail shortly.

The dimensions of the posters are approximately 18 by 20 inches. They are dignified—but carry a strong message—stronger, we are aware, than most doctors are accustomed to display in their waiting

rooms. Their final cost, including the right to reprint the famous picture, art work, stock, printing and mailing comes to about 30 cents each. If we can light the crusading fires, and tie into the campaign the majority of the doctors of this country, for the cost of 30 cents each, the results will be well worth the price!

THE REAL AMMUNITION

The major portion of the campaign budget will be spent for production of materials—the campaign ammunition. We are not going to waste any campaign funds on faulty ammunition. Any general pamphlet produced will have to be printed in minimum lots of 7,500,000—just to put 50 copies into each doctor's hands alone. To make the smallest trickle beyond that outlet to the public, we shall have to print a minimum of 10 million copies of any piece produced. That means simply that we can't afford to experiment. We can't afford to throw our next-best or divided efforts into print and hope it will suffice. What we produce must be brief enough to read—dramatic enough to create sentiment—and sound enough to produce action from the thinking people of this nation.

Some very excellent basic material had been produced by men of medicine and men close to the profession, long before the National Education Campaign was initiated—and that will give the production of the new material the most helpful impetus.

One of the pamphlets in the planning and production stage is a small, sparked-up human-interest folder to satisfy the need among doctors for a simple piece that can be given to patients, mailed with statements or placed in waiting rooms. It will be suitable as well for general use by allied professions and industries. This will be a special appeal, illustrated public pamphlet, geared to the interests of the average citizen—the veteran, the farmer, mother, businessman, wage-earner, etc.

The doctors will receive their first copy of that pamphlet direct from A.M.A. headquarters, with a brief letter, telling some of the highlights of the proposed campaign, and advising the doctors that they can get the pamphlet in quantity through their state or county medical societies.

The question-and-answer pamphlet which actually will serve as the doctor's campaign handbook, also is in process. The handbook should give every doctor not only the facts he needs to argue his case effectively, but also simple instructions on how to practice on the body politic.

The small leaflet will be a general public piece and can be distributed through many channels. The handbook, while beamed to doctors, also will be used for distribution among members of our lay committees. We believe that the dentists' associations, the druggists' organizations, the hospital associations, the medical auxiliaries and various other closely related groups should be urged to turn out similar material, or use ours under their own imprints.

We also plan to assist many cooperating national organizations—veterans' groups, for example—to produce pamphlets slanted to their own memberships, and emphasizing the arguments which will have special appeal to them.

A third pamphlet is in preparation whose title will be "Calling Every Doctor—This Is An Emergency!" This, too, will go directly to physicians, with a letter from the American Medical Association. It will be a briefly presented statement of the issue, the objectives—and the procedure to accomplish those objectives. Its purpose will be similar to that of the poster—to get every doctor who believes in the private practice of medicine working enthusiastically with his local campaign committee.

A PAMPHLET CAMPAIGN

Actually, this issue is made to order for pamphlet presentation . . . and we plan heavy use of pamphlets, running into many millions of copies, to tell medicine's story dramatically and effectively both to leaders of public opinion and to rank and file citizens throughout the country.

With new developments and changing conditions in the campaign, there likely will be need for frequent revision of the text of early pamphlets, or the production of entirely new material. As a consequence, a heavy load will fall on our writing and production department, and one of the first problems, of course, is to produce copy fast enough to satisfy the press, A.M.A. members, state and county societies and the literally hundreds of business and civic groups which all require special servicing.

Above all, the written material in this campaign must be emotional, fighting prose. We can't win an audience with dry, statistical copy. We have to give the people facts, but in very readable form. The surest way to break down apathy and public disinterest is to turn out copy that stirs the emotions—and, in doing so, opens closed minds.

It is vital, too, that much of this flow of words should reach the people through normal newspaper and magazine channels, rather than through direct publicity releases. We intend to work with the great newspapers and the national magazines to get them to do special jobs, with real reader interest, and that work already is well started. The story of British medical practice today, as an example, is actually one of the most important stories of this era. The A.M.A. already had started the wheels moving to get the truth and publicize it before this campaign began. It is a story which must be told and re-told by staff writers of American magazines and newspapers.

Once it has been printed in a magazine or newspaper of national importance, reprints of the article will be placed in the hands of key people throughout the country.

ORGANIZATION PHASES

There are two distinct phases of organization activity planned.

First is the plan of organization and operation for

medical groups, which involves the relationship of the state and county societies to the A.M.A. in the conduct of the campaign. This calls for a definite division of work, with fixed responsibility in each area, so that a vigorous grass roots campaign can be developed.

Second is the plan for mobilizing the strength of the major public organizations, local, state and national—groups like the farm organizations, the more powerful business and civic associations, fraternal, religious and veterans' organizations.

The program with respect to the medical organization structure has been discussed carefully with the Campaign Coordinating Committee members in order to reach practical and intelligent decisions. The job must be done with as little friction as possible, so that doctors in the field will be directing their energies to winning converts, and their fire to the opposition. It is usually difficult to get 150,000 individualists (and most doctors are individualists) to agree on anything, but if ever the members of the medical profession needed to pull together, this is the time.

STATE MEETINGS

A number of states have reported that within the next 30 to 60 days after the National Meeting of State Representatives (February 12, in Chicago), they are calling meetings of county society representatives in their own states, for the purpose of passing along to them the national plan of campaign, and determining on their own procedures in relation to it.

Accordingly, for their help and guidance at this time, we will chart some of the important work which needs to be done within the states.

COUNTY SOCIETY ACTION

1. Every county medical society in the United States should adopt a strong resolution against compulsory health insurance within the next 60 days—and should then direct the president of the society to communicate its action, by letter or telegram, to the congressman (or congressmen) representing the district; also to the state's two United States senators. The society's resolution should emphasize the inevitable deterioration of medical care and the danger to the public health, once government medicine is in operation, and should stress the tremendous growth of the voluntary systems and that the American people are taking care of the problem in the American way. The president's letter to the congressman or senator should ask for a reply, so that the legislator's position can be made known to the doctors of his district. Copies of all replies should be forwarded to the national campaign offices and to the Washington office of A.M.A. as rapidly as they are received. We will provide several form resolutions as a guide to the societies.

The combined political strength of all the doctors in a congressional district is impressive—and we need to put every congressman on notice of the position taken by his doctor constituents.

LAWMAKERS' DOCTORS

2. We need to locate the personal physician of every congressman and every United States senator (the county society secretary probably should take on that job) and have him send a personal letter to his patient, the congressman, telling him of the danger of socialized medicine, and asking for his help in defeating any compulsory health insurance program which may be submitted. We will provide form letters, but the society secretary should help the doctor, if necessary, in rewriting and personalizing the letter in each instance. This letter also should ask for a reply—and again, the information in the replies should be sent to the National Campaign office and the A.M.A. Washington office.

SPEAKERS' BUREAUS

3. We need an active speakers' committee in every county society to cover local meetings. The executive secretary of each of the state societies should aid in organizing this work. We will provide form speeches, but in many cases they will need to be localized to meet local conditions.

One of the very great requirements is for every state to develop top bracket speakers, both in the profession and apart from it, who can be called on for important meetings, both state and national.

DEBATES

We do not believe it a sound campaign practice to sponsor too many debates. They make a forum for the opposition which would be difficult for them to secure otherwise, and they are too easily stacked. This is particularly true of broadcasts of debates open to the public. Our speakers will stick to the facts. But already in this campaign, the opposition has begun to use the facts very loosely. Their clagues in the audiences are briefed to applaud wildly every trick phrase their speaker utters. And the public has no way of knowing which is fact and which is fancy. If our case were so poor that we had to stack meetings, it would not be worth the effort we shall all put into this campaign.

PRESS COMMITTEE

4. We need a press committee in every county society to make personal calls on the editors of all newspapers in the county and urge their support of medicine's position. This work, again, should be coordinated by the state society.

ENDORSEMENT DRIVE

5. Since our first objective is making the position of the people on this issue known and recognized by our representatives in Congress, much of our first campaign effort must continue to be devoted to getting organizations on record in opposition to compulsory health insurance.

In this connection, one of the first mailings from the national campaign headquarters to the states will be a list of conventions scheduled in each state during 1949. This is not to be considered a complete list, but we sincerely hope it will be helpful

in beginning the drive for resolutions in your area. It will include all conventions reported at this early time; you will need to add to it as others are scheduled. The list will contain the following information:

Name of organization
Town where convention is scheduled
Estimated attendance
Person to contact, to our best knowledge
Whether convention is national, state or local.

Some organizations on the list may have a policy of not taking action on public issues, or will profess "no interest." When an issue is of fundamental importance, as ours is, however, and when somebody takes the time to explain the honest facts and drive for a resolution, virtually all the important organizations do take action.

As fast as they are produced, form speeches geared to different types of audiences will come along to you; also suggested form resolutions which can be localized or particularized as you see fit; also the question-and-answer pamphlet providing brief, factual answers to the most commonly asked questions concerning the issue of compulsory health insurance. Armed with this material, a good speaker will have little trouble making a splendid, positive case before even a difficult group.

ENDORSEMENTS . . . PROCEDURE

Since the value of formal action from any group is in exact proportion to the work done to capitalize on it, these are some of the things which must be done, once a good resolution is in your hands:

If it is from a strong, statewide organization you should send copies of the resolution first thing to:

Your two United States senators
Your congressmen
Your state legislators
The A.M.A. office at 1302 18th St. N.W.,
Washington, D. C.
The National Campaign Headquarters, 1 North
La Salle, Chicago.

Every county medical society, immediately it has acted, should send copies of its resolution to:

Its two United States senators
Congressmen from its own district
State legislators from its own district
Its state campaign chairmen at the state medical
association office
The A.M.A. Office at 1302 18th St., N. W.,
Washington, D. C.
The National Campaign Headquarters, 1 North
La Salle, Chicago.

Action of other county or city organizations should be reported to United States senators only when deemed of sufficient importance to merit such handling, but should be reported at once to all others listed above.

Resolutions sent to all congressmen should be accompanied by covering letters asking for a reply, in order to keep advised, if possible, of the position of your legislative representatives.

Originals of all resolutions should be kept in the originating office, unless otherwise requested.

Copies of resolutions should reach the press and radio on the same day action is taken if possible, through your state or county publicity channels, as determined by your campaign chairman.

When an organization has acted, it should really be asked to go to work in the campaign:

a. Getting literature to its membership, either through meetings or by use of its mailing list, or both.

b. Using its house organ or news letter for both news and editorials on the issue.

c. Offering its talented members as volunteer speakers on the issue of compulsory health insurance.

d. (Members on record in one organization can help, too, in presenting resolutions to other organizations of which they are members, and helping to steer them to favorable conclusions.)

Most of the state medical associations have working organizations long in existence and thoroughly ready and able to handle their part in the campaign.

6. Machinery will have to be set up in the few states where it is not already operating, probably under the direction of the state society office, to see that shipments of materials from the national headquarters actually get into doctors' offices and finally into the hands of doctors' patients.

It is important to name the person, presumably in your state association office, to whom the national headquarters will channel supplies of literature and other materials for fast distribution in your state. His name, address, and telephone number should be sent at once to the national campaign headquarters.

In some states it may be desired that supplies go direct to the county society offices. However, it is the feeling of the national campaign directors that campaign materials in general should channel through the state medical association machinery, and down to the county societies under the directives of the state itself. That, we believe, should be determined within each state.

AUXILIARIES ARE EFFECTIVE

Obviously, the women's auxiliaries of the medical societies will be able to carry a big share of the load. As some of the California representatives will tell you, in that state's campaign on the issue of compulsory health insurance the women accomplished some of the most effective work done in speaking before women's organizations, in literature distribution, in securing endorsements and in keeping the club and women's editors enthusiastic on the issue.

COMMITTEES

It is important within the states to organize committees of doctors, both on the state and county basis, who are able to give their time to the campaign objectives, to handling speaking engagements and to working on endorsements.

Laymen may be added to committees as time goes along, as the work gets heavier and as laymen

become more interested in the issue. (Committees should be kept close-knit, however, and controlled by the profession's own chairman.) In any case, help from leaders outside the medical profession should be sought and welcomed. Not only will such aid lighten the load on doctors, but it will help build the broad public picture of the danger in socialized medicine to every element of our national life.

CONCLUSION

We recognize that A.M.A.'s permanent staff, headed by Dr. Lull, has a full load of work in just maintaining its normal activities. We will need a tremendous amount of help from them, however, and we have had many warm assurances of their desire to be in the front lines of the battle, as they have been for years past.

We visualize that they will serve in many capacities, giving the national campaign the aid of their counsel and guidance, as required, providing the background material and the knowledge of the vast medical organization which we so badly need, flying into key states to carry the message, maintaining lines of communication with all the state and county societies, opening doors everywhere that are vital to the success of medicine's campaign.

The Public Relations Department of the A.M.A., under the very capable hands of Larry Rember and his staff, is going to have a tremendous task to perform. Its work will be vastly heavier as a direct result of the campaign. The states, incidentally, probably will see more of Mr. Rember, Mr. Bach and Mr. Doscher than ever in the past, for part of their work will be "trouble-shooting" in areas where the campaign at one time or another may bog down and require a jet-propulsion assist.

Their work will coordinate closely with the national campaign and in many respects will overlap it.

They will make an intensified, affirmative campaign to drive home to the public the vital part the medical profession plays in the lives and the health of Americans. They will intensify their efforts to interpret factually—and dramatically—the work of the departments of the A.M.A.—work that daily reflects highest credit on the profession and which has made the entire world deeply respectful of the American Medical Association.

We are confident that the campaign which has been laid out is a practical, workable, effective campaign, and will produce the results we must have. We are confident that by working together we can win the fight against government-controlled medicine—and that when the fight is over, medicine will have pointed the way for the whole nation, at a time when the nation might easily travel either road—toward a controlled economy or toward a free economy.

We sincerely believe that the individual doctors throughout the nation, who have paid \$25 each to tell their story to America, will feel proud, as the story unfolds toward its conclusion—proud of their part in writing one of the greatest and most significant sagas of American history.